



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 117

Date Received

06-NOV-2001

Od_or

rt_dt

pd_rt

rp_lr

Reference No.

898824

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Location at bottom of windshield and driver's side door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN	FORD	TAURUS	1995	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____	☐ Diesel
				☐ Gas
				☐ Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel
				Vehicle Type
				☐ Car ☐ Van ☐ Minivan ☐ Other
				☐ Sport Util ☐ Truck ☐ Motorcycle
				Body Style
				☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08500000	Part Name(s) ELECTRICAL SYSTEM:IGNITION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHENEVER DRIVING IN WARM OR HOT WEATHER VEHICLE WOULD STALL OUT IN MIDDLE OF TRAFFIC. HAD CONTACTED SEVERAL DEALERSHIPS, AND WAS INFORMED THE PROBLEM WAS A DEFECTIVE IGNITION WHICH WOULD NEED TO BE REPLACED. *AK

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The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 117 Date Received: <u>06 NOV 2001</u> Od_or: _____ rt_dt: _____ od_rt: _____ up_ltr: _____ Reference No.: <u>898824</u> Date: <u>11/15/01</u>	
OWNER INFORMATION (Type or Print) [Redacted] 725172		DEFECT [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ No ☒ Yes In the absence of your signature, please print the name and address to the vehicle's manufacturer.			
Signature of Owner: [Redacted]			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) FILL IN <u>1FALP524SA175061</u>	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Year 1995
Purchase Date ☐ New ☒ Used		Dealer's Name City _____ State _____ Zip Code _____	Current Odometer Reading 66,000
Engine Size (CID/CC/L) No Cylinders <u>6</u>		☐ Turbo Diesel Fuel Injection ☒ Gas Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ Motorbelt ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☒ No
Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08500000	Part Name(s) ELECTRICAL SYSTEM: IGNITION	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☒ Replacement
No of Failures 10	Date(s) of Failure(s) <u>many</u> Mileage at Failure(s) <u>30,000 +</u> Vehicle Speed at Failure(s) <u>slow but stalled</u>	Failed Part(s) ☒ Yes ☐ No	NHTSA Previously ☐ Yes ☒ No
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)			
Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHENEVER DRIVING IN WARM OR HOT WEATHER VEHICLE WOULD STALL OUT IN MIDDLE OF TRAFFIC. HAD CONTACTED SEVERAL DEALERSHIPS, AND WAS INFORMED THE PROBLEM WAS A DEFECTIVE IGNITION WHICH WOULD NEED TO BE REPLACED. *AK*			
CONTINUE ON BACK IF NEEDED			
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